

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p>7-604</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="text-align: right;"> <p>SERIAL NO. <u>09/346069</u></p> <p>FILING DATE _____</p> <p>APPLICANT(S) _____</p> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			25				TOTAL DEP.						
TOTAL CLAIMS			27				TOTAL CLAIMS						